



Full Membership - \$50

(located in Southern California)

Associate Membership - \$35

(located elsewhere in the U.S.)

Comic Art Professional Society

Application for Membership

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Fax:** _____

E-mail: _____ **Website:** _____

Please list published comic art credits & attach samples of your work (samples will not be returned).

Signature of Applicant: _____ **Date:** _____

To be filled in by sponsor (a current member of CAPS):

I, _____ wish to sponsor the above named applicant for membership in the Comic Art Professional Society. Additional comments:

Signature of sponsor:

Date:

Please attach a check for the proper amount made out to "CAPS" for application consideration. Should your application be denied, the check will be returned to you.

CAPS, P.O. Box 656, Burbank, CA 91503

www.CAPScentral.org